"PATENT"

#### **DECLARATION FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Catalyst Composition, Method of Polymerization, and Polymer Therefrom the specification of which is attached hereto unless the following box is checked: Oct. 22, 1999 as Application Serial No. or PCT International Application No. 09/425,387 and was amended on (if applicable). N/A I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate(s), or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate(s), or PCT International application having a filing date before that of the application on which priority is claimed. Priority Claimed Prior Foreign Application(s) [ ] [ ] (Day/Month/Year Filed) (Number) (Country) [ ] [ ] (Day/Month/Year Filed) (Number) (Country) I hereby claim the benefit under 35 U.S.C. § 119(e)(1)-(2) of any United States provisional application(s) listed below. (Filing Date) (Application Number) (Filing Date) (Application Number) I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in

the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information which is material to patentability as defined in 37 CFR § 1.56 which became

available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Serial No.) (Filing Date) (Status - patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status - patented, pending, abandoned)

| Case Docket No. 1999U026.US |
|-----------------------------|
|-----------------------------|

Canada

ZIP CODE

77059

STATE OR COUNTRY

Texas

| POWER OF ATT         | ORNEY: As a named inventor, I              | hereby appoint the fo   | ollowing attorney(                  | s) and/or a  | agent(s) to prosecute this     |
|----------------------|--------------------------------------------|-------------------------|-------------------------------------|--------------|--------------------------------|
| application and trai | nsact all business in the Patent and Tra   | demark Office connec    | ted therewith.                      | ,            | -Barra(a) to brosseate mis     |
| 13143 (220           |                                            |                         |                                     |              |                                |
| NAMES                |                                            |                         | TION NUMBERS                        | }            | j                              |
| Jaimes Sher          |                                            | 34,726                  |                                     |              |                                |
| Lisa Kimes Jones     |                                            | 41,878                  |                                     |              |                                |
| William G. Muller    | <del></del>                                | 32,281                  | <del></del>                         |              | <del></del>                    |
| SEND CORRESPO        | NIDENCE TO:                                | DIRECT TE               | LEPHONE CALL                        | 0.70         |                                |
| SEND COIDESIC        | NADENCE TO.                                |                         |                                     |              |                                |
| Univation Technology | ories IIC                                  | (Name and 1             | Telephone Number                    | 5)           |                                |
| 5555 San Felipe, St  |                                            | Phone No.:              | (712) 002 2660                      | )            |                                |
| Houston, Texas 77    |                                            |                         | 713) 892-3668<br>5.: (713) 892-3699 |              |                                |
| Trousion, Texas 77   | 030                                        | T acsulute IVC          | J (713) 692-309                     | <del></del>  |                                |
| I hereby declare tha | at all statements made herein of my ov     | vn knowledge are true   | and that all stater                 | nents made   | on information and belief are  |
| believed to be true: | and further that these statements were     | e made with the know    | ledge that willful                  | false staten | nents and the like so made are |
| punishable by fine   | or imprisonment, or both, under Se         | ection 1001 of Title 1  | 8 of the United                     | States Cod   | e and that such willful false  |
|                      | pardize the validity of the application of |                         |                                     | omics coo    | e and that such winter laise   |
| 0                    | sale was the value of the approach of      | or any patent issued in |                                     |              |                                |
| FULL NAME            | LAST NAME                                  | FIRST NAME              | <del></del>                         | MIDDLE       | ENAME                          |
| OF INVENTOR          | Loveday                                    | Donald                  |                                     | R.           |                                |
| RESIDENCE &          | CITY                                       | STATE OR FOREIG         | GN COUNTRY                          | COUNT        | RY OF CITIZENSHIP              |
| CITIZENSHIP          | Houston                                    | Texas                   |                                     | United S     |                                |
| POST OFFICE          | POST OFFICE ADDRESS                        | CITY                    | STATE OR CO                         | UNTRY        | ZIP CODE                       |
| ADDRESS              | 2419 Jasmine Ridge Court                   | Houston                 | Texas                               |              | 77062                          |
|                      | $\sim 10^{-1}$                             |                         |                                     |              |                                |
| Inventor's signa     | ature I I I                                |                         | Date NO                             | v. 8,199     | 19                             |
| 8                    |                                            | <del></del>             |                                     |              | <del></del>                    |
|                      | O                                          |                         |                                     |              |                                |
| FULL NAME            | LAST NAME                                  | FIRST NAME              |                                     | MIDDLE       | NAME                           |
| OF INVENTOR          | McConville                                 | David                   |                                     | H.           |                                |
| RESIDENCE &          | CITY                                       | STATE OR FOREIG         | ON COUNTRY                          | COUNTI       | RY OF CITIZENSHIP              |

| FULL NAME   | LAST NAME           | FIRST NAME               |                  | MIDDLE | ENAME             |
|-------------|---------------------|--------------------------|------------------|--------|-------------------|
| OF INVENTOR | Szul                | John                     |                  | F      |                   |
| RESIDENCE & | CITY                | STATE OR FOREIGN COUNTRY |                  | COUNT  | RY OF CITIZENSHIP |
| CITIZENSHIP | Nitro               | West Virginia            | West Virginia    |        | tates             |
| POST OFFICE | POST OFFICE ADDRESS | CITY                     | STATE OR COUNTRY |        | ZIP CODE          |
| ADDRESS .   | 5 Lake Lane         | Nitro                    | West Virginia    |        | 25143             |

Texas

CITY

Houston

| Inventor's signature | Date |
|----------------------|------|
|----------------------|------|

**CITIZENSHIP** 

POST OFFICE

Inventor's signature

**ADDRESS** 

Houston

POST OFFICE ADDRESS

4015 Cinnamon Fern Court

MIDDLE NAME

| OF INVENTOR      | Erickson              | Kersten                  |                                       | Anne         |                                       |  |
|------------------|-----------------------|--------------------------|---------------------------------------|--------------|---------------------------------------|--|
| RESIDENCE &      | CITY                  | STATE OR FORE            | IGN COUNTRY                           | COUNT        | RY OF CITIZENSHIP                     |  |
| CITIZENSHIP      | South Charleston      | West Virginia            |                                       | United S     | tates                                 |  |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           | UNTRY        | ZIP CODE                              |  |
| ADDRESS          | 825-A Glendale Avenue | South Charleston         | West Virginia                         |              | 25303                                 |  |
|                  |                       |                          |                                       |              |                                       |  |
| Inventor's sign  | nature                |                          | Date                                  |              |                                       |  |
| ·                |                       |                          |                                       |              |                                       |  |
|                  |                       |                          |                                       |              |                                       |  |
| FULL NAME        | LAST NAME             | FIRST NAME               |                                       | MIDDLI       | E NAME                                |  |
| OF INVENTOR      | Mawson                | Simon                    |                                       | ļ            | ·····                                 |  |
| RESIDENCE &      | CITY                  | STATE OR FOREI           | GN COUNTRY                            | COUNT        | RY OF CITIZENSHIP                     |  |
| CITIZENSHIP      | Charleston            | West Virginia            |                                       | United S     | tates                                 |  |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           | UNTRY        | ZIP CODE                              |  |
| ADDRESS          | 318 South Pointe      | Charleston               | West Virginia                         |              | 25314                                 |  |
|                  |                       |                          |                                       |              |                                       |  |
| Inventor's sign  | ature                 |                          | Date                                  |              | · · · · · · · · · · · · · · · · · · · |  |
|                  |                       |                          |                                       |              |                                       |  |
| <u></u>          |                       |                          |                                       | T. 2         |                                       |  |
| FULL NAME        | LAST NAME             | FIRST NAME               |                                       | MIDDLE       | ENAME                                 |  |
| OF INVENTOR      | Kwack                 | Tae Hoon                 |                                       | <del> </del> |                                       |  |
| RESIDENCE &      | CITY                  | STATE OR FOREIGN COUNTRY |                                       |              | RY OF CITIZENSHIP                     |  |
| CITIZENSHIP      | Belle Mead            | New Jersey               |                                       |              | <del></del>                           |  |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           |              |                                       |  |
| ADDRESS          | 241 Berkley Avenue    | Belle Mead               | New Jersey                            |              | 08502                                 |  |
|                  |                       |                          |                                       |              |                                       |  |
| Inventor's sign  | ature                 |                          | Date                                  |              |                                       |  |
|                  |                       |                          |                                       |              |                                       |  |
| FULL NAME        | LAST NAME             | FIRST NAME               |                                       | MIDDLE       | NAME                                  |  |
| OF INVENTOR      | Karol                 | Frederick                |                                       | J.           | 5 1 17 11 11 12 5                     |  |
| RESIDENCE &      | CITY                  | STATE OR FOREIG          | GN COLINTRY                           | <del> </del> | TRY OF CITIZENSHIP                    |  |
| CITIZENSHIP      | Belle Mead            | New Jersey               | ON COOMIKI                            |              | tates                                 |  |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           |              | <del>,</del>                          |  |
| ADDRESS          | ļ                     | Belle Mead               | New Jersey                            |              |                                       |  |
| ADDRESS          | 18 Hiland Drive       | 1 Delle Meau             | I New Jersey                          | <del></del>  | 1 06302                               |  |
| Inventor's sign  | ntura                 |                          | Date                                  |              |                                       |  |
| mventor's sign   | ature                 |                          | Date                                  |              |                                       |  |
|                  |                       |                          |                                       |              |                                       |  |
| FULL NAME        | LAST NAME             | FIRST NAME               |                                       | MIDDLE       | ENAME                                 |  |
| OF INVENTOR      | Schreck               | David                    |                                       | James        |                                       |  |
| RESIDENCE &      | CITY                  | STATE OR FOREIG          | GN COUNTRY                            | COUNTI       | RY OF CITIZENSHIP                     |  |
| CITIZENSHIP      | Cross Lanes           | West Virginia            |                                       | United St    |                                       |  |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           | <del></del>  | ZIP CODE                              |  |
| ADDRESS          | 5226 Sun Valley Drive | Cross Lanes              | West Virginia                         |              | 25313                                 |  |
|                  |                       | <del></del>              | · · · · · · · · · · · · · · · · · · · |              | <u> </u>                              |  |
| Inventor's signa | ature                 |                          | Date                                  |              |                                       |  |
|                  |                       |                          |                                       |              |                                       |  |

FIRST NAME

PAGE 3

FULL NAME

LAST NAME

"PATENT"

## DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

| My residence, post off                                                   | ice address and citizenship are as sta                                                                                                                                                     | ated below next to my name.                                                                                  |                                                       |                                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| names are listed below                                                   | inal, first and sole inventor (if only or) of the subject matter which is claim Catalyst Composition, Method of                                                                            | med and for which a patent is soug Polymerization, and Polymer T                                             | ht on the invent                                      |                                                                              |
| the specification of w                                                   | hich is attached hereto unless the fo                                                                                                                                                      | llowing box is checked:                                                                                      |                                                       |                                                                              |
| [X] was filed on and was amended on                                      | Oct. 22, 1999 as Application  N/A (if applicable)                                                                                                                                          | Serial No. or PCT International Ap                                                                           | oplication No.                                        | 09/425,387                                                                   |
| I hereby state that I have by any amendment reference                    | ve reviewed and understand the con erred to above.                                                                                                                                         | tents of the above identified specif                                                                         | ication, includi                                      | ng the claims, as amended                                                    |
| I acknowledge the dut<br>Code of Federal Regul                           | y to disclose information which is a ations, § 1.56.                                                                                                                                       | material to the examination of this                                                                          | application in                                        | accordance with Title 37,                                                    |
| certificate(s), or § 365 listed below and have                           | priority benefits under 35 U.S.C. § (a) of any PCT International applicalso identified below, by checking ication having a filing date before the                                          | cation which designated at least of<br>the box, any foreign application(s                                    | ne country oth ) for patent or i                      | er than the United States, inventor's certificate(s), or                     |
| Prior Foreign Applicat                                                   | ion(s)                                                                                                                                                                                     |                                                                                                              | Į                                                     | Priority Claimed                                                             |
| (Number)                                                                 | (Country)                                                                                                                                                                                  | (Day/Month/Year Filed)                                                                                       | [ ]<br>Yes                                            | [ ]<br>No                                                                    |
| (Number)                                                                 | (Country)                                                                                                                                                                                  | (Day/Month/Year Filed)                                                                                       | [ ]<br>Yes                                            | [ ]<br>No                                                                    |
| I hereby claim the bene                                                  | efit under 35 U.S.C. § 119(e)(1)-(2)                                                                                                                                                       | of any United States provisional ap                                                                          | oplication(s) list                                    | ted below.                                                                   |
| (Application l                                                           | Number)                                                                                                                                                                                    | (Filing Date)                                                                                                |                                                       |                                                                              |
| (Application I                                                           | Number)                                                                                                                                                                                    | (Filing Date)                                                                                                |                                                       |                                                                              |
| designating the United<br>the prior United State<br>acknowledge the duty | efit under 35 U.S.C. § 120 of any Use States, listed below and, insofar as to sor PCT International application to disclose material information whiling date of the prior application and | he subject matter of each of the cla<br>in the manner provided by the<br>ich is material to patentability as | tims of this app<br>first paragrap<br>defined in 37 C | lication is not disclosed in h of 35 U.S.C. § 112, I CFR § 1.56 which became |
| (Application Serial No.)                                                 | (Filing Date)                                                                                                                                                                              | (Status - paten                                                                                              | ted, pending, aband                                   | loned)                                                                       |

(Filing Date)

(Status - patented, pending, abandoned)

(Application Serial No.)

| Case | Docket No.   | 1999U026.US |
|------|--------------|-------------|
|      | Doorest 110. | 17770020.00 |

| application and tra                                                                                        | ORNEY: As a named inventor, nsact all business in the Patent and                                                                                  | I hereby appoint the<br>Trademark Office con                        | e following attorney(<br>inected therewith. | s) and/or a                               | gent(s) to prosecute                           |  |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|------------------------------------------------|--|
| NAMES                                                                                                      |                                                                                                                                                   | REGIST                                                              | RATION NUMBERS                              |                                           |                                                |  |
| Jaimes Sher                                                                                                |                                                                                                                                                   | 34,726                                                              |                                             |                                           |                                                |  |
| Lisa Kimes Jones                                                                                           |                                                                                                                                                   | 41,878                                                              |                                             |                                           |                                                |  |
| William G. Muller                                                                                          |                                                                                                                                                   | 32,281                                                              |                                             |                                           |                                                |  |
| SEND CORRESPO                                                                                              | ONDENCE TO:                                                                                                                                       |                                                                     | TELEPHONE CALL                              |                                           |                                                |  |
| Univation Technol                                                                                          | ogies LLC                                                                                                                                         | (Ivanic ai                                                          | na rejeptione ramoei                        | ,                                         |                                                |  |
| 5555 San Felipe, S                                                                                         |                                                                                                                                                   | Phone No                                                            | o.: (713) 892-3668                          | 3                                         |                                                |  |
| Houston, Texas 77                                                                                          |                                                                                                                                                   | Facsimile                                                           | e No.: (713) 892-3699                       | 9                                         |                                                |  |
| believed to be true<br>punishable by fine                                                                  | at all statements made herein of my; and further that these statements ve or imprisonment, or both, under pardize the validity of the application | vere made with the kr<br>Section 1001 of Tit                        | nowledge that willful the 18 of the United  | false statem<br>States Cod                | e and that such willf                          |  |
| FULL NAME                                                                                                  | LAST NAME                                                                                                                                         | FIRST NAME                                                          |                                             | MIDDLE                                    | ENAME                                          |  |
| OF INVENTOR                                                                                                | Loveday                                                                                                                                           | Donald                                                              |                                             | R.                                        |                                                |  |
| RESIDENCE &                                                                                                | CITY                                                                                                                                              |                                                                     | STATE OR FOREIGN COUNTRY                    |                                           | RY OF CITIZENSHIP                              |  |
| CITIZENSHIP                                                                                                | Houston                                                                                                                                           | Texas                                                               |                                             |                                           | United States                                  |  |
| POST OFFICE                                                                                                | POST OFFICE ADDRESS                                                                                                                               | CITY                                                                | CITY STATE OR CO                            |                                           | ZIP CODE                                       |  |
| ADDRESS                                                                                                    | 2419 Jasmine Ridge Court                                                                                                                          | Houston                                                             | Texas                                       |                                           | 77062                                          |  |
| Inventor's sign                                                                                            | nature                                                                                                                                            |                                                                     | Date                                        |                                           |                                                |  |
|                                                                                                            |                                                                                                                                                   |                                                                     |                                             | MIDDLE                                    | NAME                                           |  |
| FULL NAME                                                                                                  | LAST NAME                                                                                                                                         | FIRST NAME                                                          |                                             | 11111111111                               |                                                |  |
|                                                                                                            | LAST NAME McConville                                                                                                                              | FIRST NAME<br>David                                                 |                                             | H.                                        |                                                |  |
| OF INVENTOR                                                                                                | LAST NAME McConville CITY                                                                                                                         | David                                                               | REIGN COUNTRY                               | Н.                                        | RY OF CITIZENSHIP                              |  |
| OF INVENTOR<br>RESIDENCE &                                                                                 | McConville                                                                                                                                        | David                                                               | REIGN COUNTRY                               | Н.                                        | RY OF CITIZENSHIP                              |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP                                                                        | McConville<br>CITY                                                                                                                                | David<br>STATE OR FOR                                               | REIGN COUNTRY                               | H. COUNTI                                 | RY OF CITIZENSHIP                              |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE                                                            | McConville CITY Houston                                                                                                                           | David STATE OR FOR Texas                                            |                                             | H. COUNTI                                 |                                                |  |
| FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  Inventor's sign                         | McConville CITY Houston POST OFFICE ADDRESS                                                                                                       | David STATE OR FOR Texas CITY Houston                               | STATE OR CO                                 | H. COUNTI Canada DUNTRY                   | ZIP CODE                                       |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS                                                    | McConville CITY Houston POST OFFICE ADDRESS 4015 Cinnamon Fern Court                                                                              | David STATE OR FOR Texas CITY Houston                               | STATE OR CO                                 | H. COUNTI Canada DUNTRY                   | ZIP CODE<br>77059                              |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS Inventor's sign                                    | McConville CITY Houston POST OFFICE ADDRESS 4015 Cinnamon Fern Court                                                                              | David STATE OR FOR Texas CITY Houston                               | STATE OR CO                                 | H. COUNTI Canada DUNTRY                   | ZIP CODE<br>77059                              |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  Inventor's sign                                   | McConville CITY Houston POST OFFICE ADDRESS 4015 Cinnamon Fern Court                                                                              | David STATE OR FOR Texas CITY Houston  FIRST NAME John              | STATE OR CO                                 | H. COUNTI Canada DUNTRY  MIDDLE F.        | ZIP CODE<br>77059                              |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  Inventor's sign FULL NAME OF INVENTOR             | McConville CITY Houston POST OFFICE ADDRESS 4015 Cinnamon Fern Court                                                                              | David STATE OR FOR Texas CITY Houston  FIRST NAME John              | STATE OR CO                                 | H. COUNTI Canada DUNTRY  MIDDLE F. COUNTI | ZIP CODE<br>77059<br>E NAME                    |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  Inventor's sign FULL NAME OF INVENTOR RESIDENCE & | McConville CITY Houston POST OFFICE ADDRESS 4015 Cinnamon Fern Court  nature  LAST NAME Szul                                                      | David STATE OR FOR Texas CITY Houston  FIRST NAME John              | STATE OR CO Texas  Date  REIGN COUNTRY      | MIDDLE F. COUNTI United St                | ZIP CODE 77059  E NAME RY OF CITIZENSHIP tates |  |
| OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS                                                    | McConville CITY Houston POST OFFICE ADDRESS 4015 Cinnamon Fern Court  LAST NAME Szul CITY                                                         | David STATE OR FOR Texas CITY Houston  FIRST NAME John STATE OR FOR | STATE OR CO                                 | MIDDLE F. COUNTI United St                | ZIP CODE<br>77059<br>E NAME                    |  |

| FULL NAME        | LAST NAME             | FIRST NAME        | <del></del>                            | MIDDI           | E NAME            |
|------------------|-----------------------|-------------------|----------------------------------------|-----------------|-------------------|
| OF INVENTOR      | Erickson              | Kersten           |                                        | Anne            | 5.1.1.1.D         |
| RESIDENCE &      | CITY                  | STATE OR FOREI    | GN COUNTRY                             | <del></del>     | RY OF CITIZENSHIP |
| CITIZENSHIP      | South Charleston      | West Virginia     |                                        | United States   |                   |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY              | STATE OR CO                            |                 | ZIP CODE          |
| ADDRESS          | 825-A Glendale Avenue | South Charleston  | West Virginia                          |                 | 1                 |
| Inventor's sign  | nature Yester Anne    |                   |                                        |                 |                   |
|                  |                       | ·····             |                                        |                 |                   |
| FULL NAME        | LAST NAME             | FIRST NAME        |                                        | MIDDLI          | ENAME             |
| OF INVENTOR      | Mawson                | Simon             |                                        | ļ               |                   |
| RESIDENCE &      | CITY                  | STATE OR FOREI    | GN COUNTRY                             | COUNT           | RY OF CITIZENSHIP |
| CITIZENSHIP      | Charleston            | West Virginia     |                                        | United S        | tates             |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY              | STATE OR CO                            | UNTRY           | ZIP CODE          |
| ADDRESS          | 318 South Pointe      | Charleston        | West Virginia                          |                 | 25314             |
| Inventor's sign  | ature <u>Sinon</u> Ma | بدوی              | Date                                   | 11/8/           | 99                |
| FULL NAME        | LAST NAME             | FIRST NAME        |                                        | MIDDLE          | ENAME             |
| OF INVENTOR      | Kwack                 | Tae Hoon          |                                        |                 |                   |
| RESIDENCE &      | CITY                  | STATE OR FOREIG   | GN COUNTRY                             | COUNT           | RY OF CITIZENSHIP |
| CITIZENSHIP      | Belle Mead            | New Jersey        |                                        | United St       | ates              |
| POST OFFICE      | POST OFFICE ADDRESS   | CITY STATE OR COL |                                        | DUNTRY ZIP CODE |                   |
| ADDRESS          | 241 Berkley Avenue    | Belle Mead        | New Jersey                             |                 | 08502             |
| Inventor's sign  | ature                 |                   | Date                                   |                 |                   |
|                  |                       |                   |                                        |                 |                   |
| FULL NAME        | LAST NAME             | FIRST NAME        |                                        | MIDDLE          | NAME              |
| OF INVENTOR      | Karol                 | Frederick         |                                        | J.              |                   |
| RESIDENCE &      | CITY                  | STATE OR FOREIG   | GN COUNTRY                             | COUNTR          | RY OF CITIZENSHIP |
| CITIZENSHIP      | Belle Mead            | New Jersey        |                                        | United St       |                   |
| OST OFFICE       | POST OFFICE ADDRESS   | CITY              | STATE OR CO                            |                 | ZIP CODE          |
| DDRESS           | 18 Hiland Drive       | Belle Mead        | New Jersey                             | <b>&gt;=-*</b>  | 08502             |
|                  | ature                 |                   | Date                                   |                 |                   |
| · ·              |                       |                   |                                        |                 |                   |
| ULL NAME         | LAST NAME             | FIRST NAME        | ······································ | MIDDLE          | NAME              |
| F INVENTOR       | Schreck               | David             |                                        | James           | <del></del>       |
| ESIDENCE &       | CITY                  | STATE OR FOREIG   | GN COUNTRY                             | COUNTR          | Y OF CITIZENSHIP  |
| ITIZENSHIP       | Cross Lanes           | West Virginia     |                                        | United St       | ates              |
| OST OFFICE       | POST OFFICE ADDRESS   | CITY              | STATE OR CO                            | UNTRY           | ZIP CODE          |
| DDRESS           | 5226 Sun Valley Drive | Cross Lanes       | West Virginia                          |                 | 25313             |
| Inventor's signa | eture Dans John       | rist              | Date/                                  | ) asiemle       | 1<br>un 8, 1949   |

DECLAR.DOT

PAGE 3

| Case Docket No. 1999U026.US | ket No. 1999U026.US | 5.US |
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"PATENT"

## DECLARATION FOR PATENT APPLICATION

| As a below named inventor, I he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | reby declare that:                                                                 |                                                                            |                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| My residence, post office addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s and citizenship are as s                                                         | tated below next to my                                                     | y name.                                                                                    |                                                                                |
| I believe I am the original, first a names are listed below) of the su Catalyst the specification of which is att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ibject matter which is cla<br>Composition, Method o                                | imed and for which a of Polymerization, an                                 | patent is sought on the inve<br>d Polymer Therefrom                                        |                                                                                |
| [X] was filed on Oct. 22, and was amended on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | as Application  N/A (if applicable                                                 |                                                                            | ternational Application No.                                                                | 09/425,387                                                                     |
| I hereby state that I have reviewed by any amendment referred to ab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | ntents of the above ide                                                    | entified specification, includ                                                             | ling the claims, as amended                                                    |
| I acknowledge the duty to discle<br>Code of Federal Regulations, § 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | material to the exam                                                       | ination of this application i                                                              | n accordance with Title 37                                                     |
| I hereby claim foreign priority b<br>certificate(s), or § 365(a) of any<br>listed below and have also ident<br>PCT International application ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PCT International applified below, by checking                                     | ication which designates the box, any foreign                              | ated at least one country of application(s) for patent or                                  | her than the United States inventor's certificate(s), or                       |
| Prior Foreign Application(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                            |                                                                                            | Priority Claimed                                                               |
| . (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Country)                                                                          | (Day/Month/Year                                                            | Filed) [ ]                                                                                 | [ ]<br>No                                                                      |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Country)                                                                          | (Day/Month/Year                                                            | Filed) Yes                                                                                 | [ ]<br>No                                                                      |
| I hereby claim the benefit under 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                            |                                                                                            |                                                                                |
| (Application Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | (Filing Date)                                                              |                                                                                            |                                                                                |
| (Application Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | (Filing Date)                                                              |                                                                                            |                                                                                |
| I hereby claim the benefit under a designating the United States, list the prior United States or PCT acknowledge the duty to disclose available between the filing date of the state of th | ed below and, insofar as<br>International application<br>material information when | the subject matter of e<br>on in the manner pro<br>hich is material to pat | each of the claims of this ap<br>vided by the first paragra<br>entability as defined in 37 | plication is not disclosed in ph of 35 U.S.C. § 112, I CFR § 1.56 which became |
| (Application Serial No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Filing Date)                                                                      | -                                                                          | (Status - patented, pending, abar                                                          | idoned)                                                                        |
| (Application Serial No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Filing Date)                                                                      |                                                                            | (Status - patented, pending, abar                                                          | doned)                                                                         |

| POWER OF AT application and tra           | TORNEY: As a named inventor, insact all business in the Patent and                                                                                 | I hereby appoint the<br>Trademark Office conr  | following attorney acted therewith.          | (s) and/or   | agent(s) to prosecute this |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|--------------|----------------------------|
| NAMES                                     |                                                                                                                                                    | REGISTR                                        | ATION NUMBERS                                |              |                            |
| Jaimes Sher                               |                                                                                                                                                    | 34,726                                         |                                              | -            |                            |
| Lisa Kimes Jones                          |                                                                                                                                                    | 41,878                                         |                                              |              |                            |
| William G. Muller                         |                                                                                                                                                    | 32,281                                         |                                              |              |                            |
| SEND CORRESP                              | ONDENCE TO:                                                                                                                                        | DIRECT                                         | TELEPHONE CAL                                | C TO.        |                            |
| SEND CORREST                              | ONDENCE 10.                                                                                                                                        |                                                | i Telephone Numbe                            |              |                            |
| Univation Technol                         | logies LLC                                                                                                                                         | (Traine and                                    | 2 Totophone Numbe                            | •,           |                            |
| 5555 San Felipe, S                        | Suite 1950                                                                                                                                         | Phone No                                       | : (713) 892-366                              | 8            |                            |
| Houston, Texas 7                          | 7056                                                                                                                                               | Facsimile                                      | No.: (713) 892-369                           | 9            |                            |
| believed to be true<br>punishable by fine | at all statements made herein of my; and further that these statements ve or imprisonment, or both, under opardize the validity of the application | were made with the known Section 1001 of Title | owledge that willful 18 of the United        | false stater | nents and the like so made |
| FULL NAME                                 | LAST NAME                                                                                                                                          | FIRST NAME                                     |                                              | MIDDL        | E NAME                     |
| OF INVENTOR                               | Loveday                                                                                                                                            | Donald                                         |                                              |              |                            |
| RESIDENCE &                               | CITY                                                                                                                                               | STATE OR FOR                                   | STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS |              |                            |
| CITIZENSHIP                               | Houston                                                                                                                                            | Texas                                          | 1                                            |              | tates                      |
| POST OFFICE                               | POST OFFICE ADDRESS                                                                                                                                | CITY                                           | STATE OR CO                                  | UNTRY        | ZIP CODE                   |
| ADDRESS                                   | 2419 Jasmine Ridge Court                                                                                                                           | Houston                                        | Texas                                        |              | 77062                      |
| Inventor's sign                           | nature                                                                                                                                             | <del> </del>                                   | Date                                         | <u>-</u>     | ·                          |
| FULL NAME                                 | LAST NAME                                                                                                                                          | FIRST NAME                                     |                                              | MIDDL        | E NAME                     |
| OF INVENTOR                               | McConville                                                                                                                                         | David                                          |                                              | H.           |                            |
| RESIDENCE &                               | CITY                                                                                                                                               | STATE OR FORI                                  | EIGN COUNTRY                                 | COUNT        | RY OF CITIZENSHIP          |
| CITIZENSHIP                               | Houston                                                                                                                                            | Texas                                          | -                                            | Canada       |                            |
| POST OFFICE                               | POST OFFICE ADDRESS                                                                                                                                | CITY                                           | STATE OR CC                                  | UNTRY        | ZIP CODE                   |
| ADDRESS                                   | 4015 Cinnamon Fern Court                                                                                                                           | Houston                                        | Texas                                        |              | 77059                      |
| Inventor's sign                           | ature                                                                                                                                              |                                                | Date                                         |              |                            |
|                                           |                                                                                                                                                    |                                                |                                              |              |                            |
| FULL NAME                                 | LAST NAME                                                                                                                                          | FIRST NAME                                     |                                              | MIDDLI       | ENAME                      |
| OF INVENTOR                               | Szul                                                                                                                                               | John                                           |                                              | F.           |                            |
| RESIDENCE &                               | CITY                                                                                                                                               | STATE OR FORE                                  | EIGN COUNTRY                                 | COUNT        | RY OF CITIZENSHIP          |
| CITIZENSHIP                               | Nitro                                                                                                                                              | West Virginia                                  |                                              | United S     | tates                      |
| POST OFFICE                               | POST OFFICE ADDRESS                                                                                                                                | CITY                                           | STATE OR CO                                  | UNTRY        | ZIP CODE                   |
| ADDRESS                                   | 5 Lake Lane                                                                                                                                        | Nitro                                          | West Virginia                                |              | 25143                      |

DECLAR.DOT PAGE 2

Inventor's signature

Case Docket No. 1999U026.US

|                                                                                               | <del></del>           |                          | <del></del>                           |                                       |                        |  |
|-----------------------------------------------------------------------------------------------|-----------------------|--------------------------|---------------------------------------|---------------------------------------|------------------------|--|
| FULL NAME                                                                                     | LAST NAME             | FIRST NAME               |                                       | MIDDLE                                | MIDDLE NAME            |  |
| OF INVENTOR                                                                                   | Erickson              | Kersten                  |                                       | Anne                                  | Anne                   |  |
| RESIDENCE &                                                                                   | CITY                  | STATE OR FOREIGN COUNTRY |                                       | COUNT                                 | COUNTRY OF CITIZENSHIP |  |
| CITIZENSHIP                                                                                   | South Charleston      | West Virginia            |                                       | United S                              | United States          |  |
| POST OFFICE                                                                                   | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           | UNTRY                                 | ZIP CODE               |  |
| ADDRESS                                                                                       | 825-A Glendale Avenue | South Charleston         | West Virginia                         |                                       | 25303                  |  |
| Inventor's sign                                                                               | nature                |                          | Date                                  |                                       |                        |  |
| FULL NAME                                                                                     | LAST NAME             | FIRST NAME               | · · · · · · · · · · · · · · · · · · · | MIDDLE                                | NAME                   |  |
| OF INVENTOR                                                                                   | Mawson                | Simon                    |                                       | MIDDLE                                | NAME                   |  |
| RESIDENCE &                                                                                   | CITY                  | STATE OR FOREIG          | ON COLINTRY                           | COLINITE                              | RY OF CITIZENSHIP      |  |
| CITIZENSHIP                                                                                   | Charleston            | West Virginia            | 514 COOMIKI                           | L .                                   | ates                   |  |
| POST OFFICE                                                                                   | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           |                                       | ZIP CODE               |  |
| ADDRESS                                                                                       | 318 South Pointe      | Charleston               | West Virginia                         |                                       | 25314                  |  |
| 71DDTCC00                                                                                     | J10 Boudi I Omic      | Charleston               | 1 West Virginia                       |                                       | _23314                 |  |
| Inventor's sign                                                                               | ature                 |                          | Date                                  |                                       |                        |  |
| m. omor o orga                                                                                |                       |                          |                                       | · · · · · · · · · · · · · · · · · · · |                        |  |
|                                                                                               |                       |                          |                                       |                                       |                        |  |
| FULL NAME                                                                                     | LAST NAME             | FIRST NAME               |                                       | MIDDLE                                | NAME                   |  |
| OF INVENTOR                                                                                   | Kwack                 | Tae Hoon                 |                                       |                                       |                        |  |
| RESIDENCE &                                                                                   | CITY                  | STATE OR FOREIC          | OUNTRY                                | COUNTR                                | Y OF CITIZENSHIP       |  |
| CITIZENSHIP                                                                                   | Belle Mead            | New Jersey               |                                       | United Sta                            | ates                   |  |
| POST OFFICE                                                                                   | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           | UNTRY                                 | ZIP CODE               |  |
| ADDRESS                                                                                       | 241 Berkley Avenue    | Belle Mead               | New Jersey                            |                                       | 08502                  |  |
| Inventor's signa                                                                              | ature Dell, Kon a     | Wh                       | Date                                  | 11/10                                 | /99                    |  |
| FULL NAME                                                                                     | LAST NAME             | FIRST NAME               |                                       | MIDDLE                                | NAME                   |  |
| OF INVENTOR                                                                                   | Karol                 | Frederick                |                                       | J.                                    |                        |  |
| RESIDENCE &                                                                                   | CITY                  | STATE OR FOREIG          | N COUNTRY                             | COUNTR                                | Y OF CITIZENSHIP       |  |
| CITIZENSHIP                                                                                   | Belle Mead            | New Jersey               |                                       | United Sta                            | ites                   |  |
| POST OFFICE                                                                                   | POST OFFICE ADDRESS   | CITY                     | STATE OR CO                           | JNTRY                                 | ZIP CODE               |  |
| ADDRESS                                                                                       | 18 Hiland Drive       | Belle Mead               | New Jersey                            | ļ                                     | 08502                  |  |
| Inventor's signature <u>Intervented</u> Inventor's signature <u>Intervented</u> Date 11/10/99 |                       |                          |                                       |                                       |                        |  |
| FULL NAME                                                                                     | LAST NAME             | FIRST NAME               |                                       | MIDDLE                                | NAME                   |  |
| OF INVENTOR                                                                                   | Schreck               | David                    |                                       | James                                 |                        |  |
| RESIDENCE &                                                                                   | CITY                  | STATE OR FOREIG          | N COUNTRY                             | COUNTRY OF CITIZENSHIP                |                        |  |
| CITIZENSHIP                                                                                   | Cross Lanes           | West Virginia            |                                       | United Sta                            |                        |  |
| POST OFFICE                                                                                   | POST OFFICE ADDRESS   | CITY                     | STATE OR COL                          |                                       | ZIP CODE               |  |
| ADDRESS                                                                                       | 5226 Sun Valley Drive | Cross Lanes              | West Virginia                         |                                       | 25313                  |  |
|                                                                                               |                       |                          |                                       |                                       |                        |  |
| Invantaria '                                                                                  | A                     |                          | ъ.                                    |                                       |                        |  |

DECLAR.DOT



# UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

MARCH 31, 2000

PTAS

UNIVATION TECHNOLOGIES LLC. LISA KIMES JONES 5555 SAN FELIPE, SUITE 1950 HOUSTON, TEXAS 77056



# UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 01/10/2000 REEL/FRAME: 010491/0078

NUMBER OF PAGES: 8

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

LOVEDAY, DONALD R. DOC DATE: 11/08/1999

ASSIGNOR:

MCCONVILLE, DAVID H. DOC DATE: 11/08/1999

ASSIGNOR:

SZUL, JOHN F. DOC DATE: 11/08/1999

ASSIGNOR:

ERICKSON, KERSTEN ANNE DOC DATE: 11/08/1999

ASSIGNOR:

MÄWSON, SIMON DOC DATE: 11/08/1999

ASSIGNOR:

KWACK, TAE HOON DOC DATE: 11/10/1999

ASSIGNOR:

KAROL, FREDERICK J. DOC DATE: 11/10/1999

010491/0078 PAGE 2

ASSIGNOR:

SCHRECK, DAVID JAMES

DOC DATE: 11/08/1999

ASSIGNEE:

UNIVATION TECHNOLOGIES, LLC 5555 SAN FELIPE, SUITE 1950 HOUSTON, TEXAS 77056

SERIAL NUMBER: 09425387

PATENT NUMBER:

FILING DATE: 10/22/1999

ISSUE DATE:

KIMBERLY WHITE, EXAMINER ASSIGNMENT DIVISION OFFICE OF PUBLIC RECORDS

| 01-20-2                                                                                                         | 2000 ——————————————————————————————————                       |  |  |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| FORM PTO-1595                                                                                                   | U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office       |  |  |
| RJ HILLIAM                                                                                                      | HEET                                                          |  |  |
| MED 1.10.00 101247                                                                                              | 392                                                           |  |  |
| To the Honorable Commissioner of Fa                                                                             | ached original documents of copy thereof.                     |  |  |
| 1. Name of conveying party(ies): Donald R. Loveday, David H. McConville,                                        | 2. Name and address of receiving party(ies):                  |  |  |
| John F. Szul, Kersten Anne Erickson,                                                                            | Name: Univation Technologies, LLC                             |  |  |
| Simon Mawson, Tae Hoon Kwack,                                                                                   |                                                               |  |  |
| Frederick J. Karol and David James Schreck                                                                      | Street Address: 5555 San Felipe, Suite 1950                   |  |  |
| Additional name(s) of conveying party(ies) attached?  Yes No                                                    | City: Houston State: Texas ZIP: 77056                         |  |  |
| 3. Nature of conveyance:                                                                                        | ] <u>_</u>                                                    |  |  |
|                                                                                                                 | Additional name(s) & address(es) attached? Yes No             |  |  |
| Other                                                                                                           | WECEINEUI                                                     |  |  |
| Execution Date: November 8 and 10, 1999                                                                         |                                                               |  |  |
|                                                                                                                 | 10 JAN 10 2000                                                |  |  |
| 4. Application number(s) or patent number(s):                                                                   |                                                               |  |  |
| If this document is being filed together with a new application, the                                            | e execution date of the application is:                       |  |  |
| A. Patent Application No.(s) 09/425,387                                                                         | B. Patent No.(s)                                              |  |  |
|                                                                                                                 |                                                               |  |  |
| Additional numbers attac                                                                                        |                                                               |  |  |
| <ol> <li>Name and address of party to whom correspondence<br/>concerning documents should be mailed:</li> </ol> | 6. Total number of applications and patents involved: [1]     |  |  |
| Name: Lisa Kimes Jones                                                                                          | 7. Total fee (37 CFR 1.41): \$40.00                           |  |  |
| Internal Address: Univation Technologies LLC.                                                                   | , , ,                                                         |  |  |
| Mailing Address: 5555 San Felipe, Suite 1950<br>City: Houston State: Texas ZIP: 77056                           | Authorized to be charged to deposit account                   |  |  |
|                                                                                                                 | 8. Deposit account number: 50-0589                            |  |  |
| DO NOT USE                                                                                                      | THIS SPACE                                                    |  |  |
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| 9. Statement and signature.                                                                                     |                                                               |  |  |
| To the best of my knowledge and belief, the foregoing inf Copy of the original document.                        | formation is true and correct and any attached copy is a true |  |  |
| Copy of the original accument.                                                                                  |                                                               |  |  |
| Lisa Kimes Jones                                                                                                | January 7, 2000                                               |  |  |
| Name of Person Signing                                                                                          | Signature Date                                                |  |  |
| Total number of pages including cover                                                                           | sheet attachments and document. [9]                           |  |  |
| Total number of pages including cover sheet, attachments, and document: [8]                                     |                                                               |  |  |
| Mail documents to be recorded with required cover sheet informat                                                | ion to:                                                       |  |  |
| COMMISSIONER OF PATENTS AND TRADEMARKS                                                                          |                                                               |  |  |
| BOX ASSI                                                                                                        | GNMENT                                                        |  |  |
| WASHINGTO                                                                                                       | ON DC 20231                                                   |  |  |
| 0/2000 BURINEH 200001E 500500 00425207                                                                          |                                                               |  |  |

01/19/2000 DNGUYEN 06000156 S00589 09425387 01 FC:581 40.00 CH

#### ASSIGNMENT OF INVENTION, PRIORITY RIGHTS AND RIGHTS TO APPLY FOR PATENTS

| given the Ser  | ial No. 09/425,387, and file                                                                     | ed on October 22, 199 | 99, with the Family Number    | 1999U026.         |  |
|----------------|--------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|-------------------|--|
| on the         | 8th/10th                                                                                         | day(s) of             | November                      | , 1999            |  |
| as described   | • • • •                                                                                          |                       | ent in the United States of A | America, executed |  |
| co-inventor o  | f an invention for Catalyst                                                                      | Composition, Method   | of Polymerization, and Poly   | mer Therefrom     |  |
| Karol, David   | Karol, David James Schreck, HEREBY STATE UNDER OATH that I am the original and first inventor or |                       |                               |                   |  |
| I, the undersi | gned, John F. Szul, Kerste                                                                       | en Anne Erickson, Sin | non Mawson, Tae Hoon Zw       | ack, Frederick J. |  |

NOW, THEREFORE, in consideration of my employment by Union Carbide Corporation, manufacturers, a corporation organized and existing under the laws of the State of New York, United States of America and having an office at 39 Old Ridgebury Road, Danbury, State of Connecticut, 06817-0001, United States of America, and having as its fifty-percent-owned joint venture, UNIVATION TECHNOLOGIES, LLC, technology licensors, a company organized and existing under the laws of the State of Delaware, United States of America, and having an office at 5555 San Felipe, Suite 1950, Houston, Texas, 77056, United States of America,

I DO HEREBY ASSIGN AND TRANSFER, without any restrictions, reservations or limitations, my entire right, title, and interest in and to said invention and application unto, as the Assignee, the aforesaid UNIVATION TECHNOLOGIES, LLC, its successors, assigns and nominees, and the entire right, title and interest in and to all patents which may be granted thereon, and all divisions, continuations, continuations-in-part, reissues, reexaminations and extensions thereof;

AND ALL PRIORITY RIGHTS derived from the aforesaid application for Letters Patent by virtue of the International Convention for the Protection of Industrial Property, for any and all member countries of the aforesaid International Convention;

AND THE SOLE RIGHT to file such applications under the Patent Laws of any country of the world in its name and/or mine, and the sole right to have patents granted on said applications in its name and/or mine to the full end of the term for which said patents may be granted as fully and entirely as the same would have been held by me had this assignment not been made, and to enforce said patents with my right to sue for and recover accrued profits or damages for any and all infringements thereof;

AND AUTHORIZE the above-named Assignee to insert in this instrument the execution date, serial number and filing date of said application;

Ţ

'n

Page 2 of 3

AND AUTHORIZE AND REQUEST the Commissioner of Patents and Trademarks to issue all patents on said invention to said UNIVATION TECHNOLOGIES, LLC as Assignee of the entire right. title and interest, and covenant that I have full right so to do, and agree that I will communicate to said Corporation or its representatives any facts known to me respecting said invention and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid said Corporation, its successors, assigns, and nominees, to obtain and enforce proper protection for said invention in all countries.

IN WITNESS WHEREOF, this assignment has been executed by UNDERSIGNED on the date opposite UNDERSIGNED'S NAME.

| DATE | 11/8/99 John J. Szul  John F. Szul                           | (LS)<br>- |
|------|--------------------------------------------------------------|-----------|
|      | You Etta Lox<br>Witness                                      |           |
| DATE | 11/8/99 <u>Kewler Annel Euckson</u><br>Kersten Anne Erickson | (LS)      |
|      | You Etta Cox<br>Witness                                      |           |
| DATE | 11/8/99 Simon Mawson                                         | (LS)<br>- |
|      | Witness                                                      |           |

| DATE |     |                        | (LS                                   |
|------|-----|------------------------|---------------------------------------|
|      |     | Tae Hoon Kwa           | ack                                   |
|      |     | Witness                | <del> </del>                          |
| DATE |     | Frederick J. Ka        | arol (LS                              |
|      |     | Witness                | •                                     |
| DATE | Nov | 8,1999 David James S   | mus solved (LS                        |
|      |     | Jon Itto Cx<br>Witness | · · · · · · · · · · · · · · · · · · · |

#### ASSIGNMENT OF INVENTION, PRIORITY RIGHTS AND RIGHTS TO APPLY FOR PATENTS

| given the S | Serial No. 09/425,387, and   | filed on October 22, 1999   | , with the Family Number     | 1999U026.         |
|-------------|------------------------------|-----------------------------|------------------------------|-------------------|
| on the      | 8th/10th                     | day(s) of                   | November                     | , 1999            |
| as describe | ed and/or claimed in my a    | oplication for Letters Pate | nt in the United States of A | merica, executed  |
| co-invento  | r of an invention for Cataly | st Composition, Method o    | of Polymerization, and Poly  | mer Therefrom     |
| Karol, Dav  | id James Schreck, HEREI      | BY STATE UNDER OATH         | I that I am the original and | first inventor or |
| I, the unde | rsigned, John F. Szul, Ker   | sten Anne Erickson, Simo    | on Mawson, Tae Hoon Zwa      | ick, Frederick J. |

NOW, THEREFORE, in consideration of my employment by Union Carbide Corporation, manufacturers, a corporation organized and existing under the laws of the State of New York, United States of America and having an office at 39 Old Ridgebury Road, Danbury, State of Connecticut, 06817-0001, United States of America, and having as its fifty-percent-owned joint venture, UNIVATION TECHNOLOGIES, LLC, technology licensors, a company organized and existing under the laws of the State of Delaware, United States of America, and having an office at 5555 San Felipe, Suite 1950, Houston, Texas, 77056, United States of America,

I DO HEREBY ASSIGN AND TRANSFER, without any restrictions, reservations or limitations, my entire right, title, and interest in and to said invention and application unto, as the Assignee, the aforesaid UNIVATION TECHNOLOGIES, LLC, its successors, assigns and nominees, and the entire right, title and interest in and to all patents which may be granted thereon, and all divisions, continuations, continuations-in-part, reissues, reexaminations and extensions thereof;

AND ALL PRIORITY RIGHTS derived from the aforesaid application for Letters Patent by virtue of the International Convention for the Protection of Industrial Property, for any and all member countries of the aforesaid International Convention;

AND THE SOLE RIGHT to file such applications under the Patent Laws of any country of the world in its name and/or mine, and the sole right to have patents granted on said applications in its name and/or mine to the full end of the term for which said patents may be granted as fully and entirely as the same would have been held by me had this assignment not been made, and to enforce said patents with my right to sue for and recover accrued profits or damages for any and all infringements thereof;

AND AUTHORIZE the above-named Assignee to insert in this instrument the execution date, serial number and filing date of said application;

AND AUTHORIZE AND REQUEST the Commissioner of Patents and Trademarks to issue all patents on said invention to said UNIVATION TECHNOLOGIES, LLC as Assignee of the entire right, title and interest, and covenant that I have full right so to do, and agree that I will communicate to said Corporation or its representatives any facts known to me respecting said invention and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid said Corporation, its successors, assigns, and nominees, to obtain and enforce proper protection for said invention in all countries.

IN WITNESS WHEREOF, this assignment has been executed by UNDERSIGNED on the date opposite UNDERSIGNED'S NAME.

| DATE |                       | (LS) |
|------|-----------------------|------|
| ·-·  | John F. Szul          |      |
|      | ·                     | •    |
|      | Witness               |      |
|      |                       |      |
| DATE |                       | (LS) |
|      | Kersten Anne Erickson |      |
|      | Witness               |      |
|      |                       |      |
| DATE |                       | (LS) |
|      | Simon Mawson          |      |
|      |                       |      |
|      | Witness               |      |

| DATE | 11/10/99 Jelli Mach Tae Hoon Kwack                  | (LS)<br>— |
|------|-----------------------------------------------------|-----------|
|      | Balan Muller<br>Witness                             |           |
| DATE | 11/10/99 <u>Xedensk</u> J. Karol Frederick J. Karol | (LS)      |
|      | Balvara Mullar<br>Witness                           |           |
| DATE | David James Schreck                                 | (LS)      |
|      | Witness                                             |           |

## **ASSIGNMENT**

## INVENTOR or INVENTORS:

| _                | Donald R. Loveday                                                                                                                                                                                                                                                                                                                                                                                                                                      | David H. McConville                                                                                                                                                                                                                                            |  |  |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| which<br>follows | is hereby acknowledged, the undersigned person(s) named                                                                                                                                                                                                                                                                                                                                                                                                | 125.00) and other good and valuable consideration, the receipt of above, herein referred to as UNDERSIGNED, hereby agree(s) as                                                                                                                                 |  |  |
|                  | representatives and assigns, herein referred to collectivel                                                                                                                                                                                                                                                                                                                                                                                            | on Technologies, LLC, a Delaware company, its successors, legal y as ASSIGNEE, the entire right, title and interest, for the United ED'S invention or improvement and to all patent applications and cation entitled                                           |  |  |
|                  | Catalyst Composition, Method of Pol                                                                                                                                                                                                                                                                                                                                                                                                                    | ymerization, and Polymer Therefrom                                                                                                                                                                                                                             |  |  |
|                  | said application having been executed on the <u>8th/10</u> identified as Case No. 1999U026, U.S.S.N. 09/425,387, application under provisions of international conventions of                                                                                                                                                                                                                                                                          | filed October 22, 1999; and all rights of priority created by said                                                                                                                                                                                             |  |  |
|                  | relating to obtaining patents and the prosecution thereof applications or substitutes therefor or registrations thereof,                                                                                                                                                                                                                                                                                                                               | ASSIGNEE to execute any and all applications for and documents for said invention or improvement, and any continuations of such and any specific separate assignments of any of the above required Office and any foreign patent office that ASSIGNEE may deem |  |  |
|                  | 3) UNDERSIGNED agree(s) that in the event of any application based on said assigned invention or improvement, or patent issued thereon, or any reissue or application for the reissue thereof, becoming involved in priority of invention proceedings, UNDERSIGNED will cooperate with ASSIGNEE to the best of the ability of UNDERSIGNED in the matter of preparing and executing all documents and giving and producing evidence in support thereof. |                                                                                                                                                                                                                                                                |  |  |
|                  | States and foreign patents covering said invention or                                                                                                                                                                                                                                                                                                                                                                                                  | SSIGNEE'S request any and all affirmative acts to obtain United improvement and to vest all rights therein hereby conveyed to ave been held and enjoyed by UNDERSIGNED if this assignment                                                                      |  |  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EE's attorney to insert at paragraph 1, in this instrument the date(s) the above-referenced patent application, as well as the filing date                                                                                                                     |  |  |
| NAME.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uted by UNDERSIGNED on the date opposite UNDERSIGNED'S                                                                                                                                                                                                         |  |  |
| DATE             | NOV. 8, 1999                                                                                                                                                                                                                                                                                                                                                                                                                                           | Donald R. Loveday (LS)                                                                                                                                                                                                                                         |  |  |
| DATE             | 11/8/99 With  11/8/99 With                                                                                                                                                                                                                                                                                                                                                                                                                             | David H. McConville  11/8/99  (LS)                                                                                                                                                                                                                             |  |  |

| POWER OF ATTORNEY OR           |
|--------------------------------|
| <b>AUTHORIZATION OF AGENT,</b> |
| NOT ACCOMPANYING               |
| APPLICATION                    |

| Application Number     | 09/865,067           |
|------------------------|----------------------|
| Filing Date            | 05/24/2001           |
| First Named Inventor   | Lov day, et al.      |
| Group Art Unit         | 1755                 |
| Examiner Name          | Pasterczyk, James W. |
| Attorney Docket Number | 1999U026D2.US        |

|                                                                                                                                                                                                                                                                                                |                                             | Examiner Name                 | Pasterczyk, James W.                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|----------------------------------------------|--|
| l barahu annai                                                                                                                                                                                                                                                                                 | A.                                          | Attorney Docket Number        | 1999U026D2.US                                |  |
| I hereby appoir                                                                                                                                                                                                                                                                                | ıt.                                         |                               | 1244104 (1772 11117 (2172) 11117 (217) 11117 |  |
| ☑ Practition                                                                                                                                                                                                                                                                                   | ners at Customer Number                     | 25959                         |                                              |  |
| OR                                                                                                                                                                                                                                                                                             |                                             |                               | Label 25959                                  |  |
| Practition                                                                                                                                                                                                                                                                                     | er(s) named below:                          |                               |                                              |  |
|                                                                                                                                                                                                                                                                                                | Attorney/Agent                              | Registra                      | tion Number                                  |  |
| Da                                                                                                                                                                                                                                                                                             | arrell E. Warner                            | 3                             | 6,046                                        |  |
| Ke                                                                                                                                                                                                                                                                                             | vin M. Faulkner                             | 4!                            | 5,427                                        |  |
| Ra                                                                                                                                                                                                                                                                                             | ul R. Montes                                | 32                            | 2,545                                        |  |
| Os                                                                                                                                                                                                                                                                                             | borne K. McKinney                           | 40                            | 0,084                                        |  |
| Ke                                                                                                                                                                                                                                                                                             | lly A. Morgan                               | 35                            | 5,620                                        |  |
| As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number. |                                             |                               |                                              |  |
| OR                                                                                                                                                                                                                                                                                             |                                             |                               |                                              |  |
| Firm or Individual Nan                                                                                                                                                                                                                                                                         | univation Technologies, LLC                 |                               |                                              |  |
| Address                                                                                                                                                                                                                                                                                        | 5555 San Felipe                             |                               |                                              |  |
| Address                                                                                                                                                                                                                                                                                        | Suite 1950                                  |                               |                                              |  |
| City<br>Country                                                                                                                                                                                                                                                                                | Houston State Texa United States of America | IS                            | Zip Code 77056                               |  |
| Telephone                                                                                                                                                                                                                                                                                      | (713) 892-3729                              | Fax                           | (713) 892-3687                               |  |
| I am the:                                                                                                                                                                                                                                                                                      |                                             |                               | (1.10) 002 0001                              |  |
| ☐ Applicant                                                                                                                                                                                                                                                                                    |                                             |                               |                                              |  |
| Assignee of record of the entire interest                                                                                                                                                                                                                                                      |                                             |                               |                                              |  |
|                                                                                                                                                                                                                                                                                                | SIGNATURE OF App                            | licant or Assign e of R core  | d                                            |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                              | Raul R. Montes, General Counsel an          | d Secretary for Univation Tec | hnologies II C                               |  |
| Signature                                                                                                                                                                                                                                                                                      | Procedlem                                   |                               | 3.0, 220                                     |  |
| Date                                                                                                                                                                                                                                                                                           | December 3, 2002                            |                               |                                              |  |
|                                                                                                                                                                                                                                                                                                |                                             |                               |                                              |  |

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

| Application Number     | 09/865,067           |
|------------------------|----------------------|
| Filing Date            | 05/24/2001           |
| First Named Inventor/  | Donald R. Loveday    |
| Group Art Unit         | 1755                 |
| Examiner Name          | Pasterczyk, James W. |
| Attorney Docket Number | 1999U026D2.US        |

| APPLICATION                                                                                                                                                           |                                     |                                                  | Examiner Name |                     | Pasterczyk, James W. |                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|---------------|---------------------|----------------------|-------------------------|--|--|
|                                                                                                                                                                       |                                     |                                                  |               | Attorney Docket Num | ber                  | 1999U026D2.US           |  |  |
| I hereby ap                                                                                                                                                           | I hereby appoint:                   |                                                  |               |                     |                      |                         |  |  |
| Practitioners at Customer Number 259                                                                                                                                  |                                     |                                                  | 5959          |                     | Number 2015 ode      |                         |  |  |
| OR                                                                                                                                                                    |                                     | ,                                                |               |                     |                      | PATENT TRADEMARK OFFICE |  |  |
| Practitioner(s) named below:                                                                                                                                          |                                     |                                                  |               |                     |                      |                         |  |  |
|                                                                                                                                                                       |                                     |                                                  |               |                     |                      |                         |  |  |
|                                                                                                                                                                       |                                     | Attorney/Agent                                   | Re            | Registration Number |                      |                         |  |  |
|                                                                                                                                                                       | Osbor                               | ne K. McKinney                                   |               |                     | 40,084               |                         |  |  |
|                                                                                                                                                                       | Kevin                               | M. Faulkner                                      |               | 45,427              |                      |                         |  |  |
|                                                                                                                                                                       | Raul R. Montes                      |                                                  |               |                     | 32,545               |                         |  |  |
|                                                                                                                                                                       | Stephen P. Koch                     |                                                  |               |                     | 37,660               |                         |  |  |
|                                                                                                                                                                       | Kelly A                             | . Morgan                                         |               |                     | 35,620               |                         |  |  |
| As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. |                                     |                                                  |               |                     |                      |                         |  |  |
| Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.                                               |                                     |                                                  |               |                     |                      |                         |  |  |
| OF                                                                                                                                                                    | <u> </u>                            |                                                  |               |                     |                      |                         |  |  |
|                                                                                                                                                                       | Firm or Univation Technologies, LLC |                                                  |               |                     |                      |                         |  |  |
| Address                                                                                                                                                               | i ivaine                            | 5555 San Felipe                                  | <del></del>   |                     |                      |                         |  |  |
| Address                                                                                                                                                               |                                     | Suite 1950                                       |               |                     |                      |                         |  |  |
| City                                                                                                                                                                  |                                     | Houston State                                    | Texa          | ıs                  |                      | Zip Code 77056          |  |  |
| Country United States of America                                                                                                                                      |                                     |                                                  |               | <del></del>         |                      |                         |  |  |
| Telephone                                                                                                                                                             | :                                   | (713) 892-3729                                   |               |                     | Fax                  | (713) 892-3687          |  |  |
| I am the:                                                                                                                                                             |                                     |                                                  |               |                     |                      |                         |  |  |
| ☐ Applicant                                                                                                                                                           |                                     |                                                  |               |                     |                      |                         |  |  |
| Assignee of record of the entire interest                                                                                                                             |                                     |                                                  |               |                     |                      |                         |  |  |
| SIGNATURE OF Applicant or Assignee of Record                                                                                                                          |                                     |                                                  |               |                     |                      |                         |  |  |
| Name (Print/Type) Raul R. Montes, General Counsel and Secretary for Univation Technologies, LLC                                                                       |                                     |                                                  |               |                     |                      |                         |  |  |
| Signature                                                                                                                                                             |                                     | Racelleworld                                     |               |                     |                      |                         |  |  |
| Date                                                                                                                                                                  |                                     |                                                  |               |                     |                      |                         |  |  |
|                                                                                                                                                                       |                                     | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |               |                     |                      |                         |  |  |

|                                                                                                                                                                               |                                                                         | Application Number      | 09/425,387                      |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------|---------------------------------|--|--|--|
| POWER OF ATTORNEY OR                                                                                                                                                          |                                                                         | Filing Date             | October 22, 1999                |  |  |  |
|                                                                                                                                                                               | IZATION OF AGENT,                                                       | First Named Inventor    | David H. McConvill              |  |  |  |
|                                                                                                                                                                               | ACCOMPANYING                                                            | Group Art Unit          | 1713                            |  |  |  |
| Α                                                                                                                                                                             | PPLICATION                                                              | Examiner Name           | W. Cheung                       |  |  |  |
|                                                                                                                                                                               |                                                                         | Attorney Docket Number. | 1999U026.US                     |  |  |  |
| I hereby appoint:                                                                                                                                                             |                                                                         |                         |                                 |  |  |  |
| Practitioner                                                                                                                                                                  | rs at Customer Number                                                   |                         | Place Customer  Number Bar Code |  |  |  |
| OR                                                                                                                                                                            |                                                                         | DATE DOCKETED           | Label Here                      |  |  |  |
| ☑ Practitioner                                                                                                                                                                | (s) named below:                                                        | 3/28/200/               | ,                               |  |  |  |
|                                                                                                                                                                               |                                                                         | By JAK                  | <u> </u>                        |  |  |  |
|                                                                                                                                                                               | Attorney/Agent                                                          | Registra                | ition Number                    |  |  |  |
|                                                                                                                                                                               |                                                                         |                         |                                 |  |  |  |
| Darr                                                                                                                                                                          | ell E. Warner                                                           | 3                       | 6,046                           |  |  |  |
| Lisa                                                                                                                                                                          | Kimes Jones                                                             | 4                       | 1,878                           |  |  |  |
| Raul                                                                                                                                                                          | R. Montes                                                               | 3                       | 32,545                          |  |  |  |
|                                                                                                                                                                               |                                                                         |                         |                                 |  |  |  |
| Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR |                                                                         |                         |                                 |  |  |  |
| Firm or Individual Name                                                                                                                                                       | Univation Technologies, LLC                                             |                         |                                 |  |  |  |
| Address                                                                                                                                                                       | 5555 San Felipe                                                         |                         |                                 |  |  |  |
| Address                                                                                                                                                                       | Suite 1950                                                              |                         |                                 |  |  |  |
| City<br>Country                                                                                                                                                               | Houston   State   Texas   Zip Code   77056     United States of America |                         |                                 |  |  |  |
| Telephone                                                                                                                                                                     | (713) 892-3668                                                          | Fax                     | (713) 892-3687                  |  |  |  |
| I am the:                                                                                                                                                                     | of record of the entire interest                                        |                         |                                 |  |  |  |
|                                                                                                                                                                               |                                                                         |                         |                                 |  |  |  |
| SIGNATURE OF Applicant or Assignee of Record                                                                                                                                  |                                                                         |                         |                                 |  |  |  |
| Name (Print/Type)                                                                                                                                                             |                                                                         |                         |                                 |  |  |  |
| Signature                                                                                                                                                                     | Rauedlumer<br>3-17-01                                                   |                         |                                 |  |  |  |
| Date                                                                                                                                                                          | 3-17-01                                                                 |                         |                                 |  |  |  |